

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Hon. Jason Kander		2. Candidate's FEC Identification Number S6MO00362	
(b) Address (number and street) PO Box 548		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code Columbia, MO 65205		6. State & District of Candidate MO	
4. Party Affiliation DEM	5. Office Sought Senate		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Missourians for Kander

(b) Address (number and street)

PO Box 548

(c) City, State, and ZIP Code

Columbia, MO 65201

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Justice 2016

(b) Address (number and street)

918 Pennsylvania Ave. SE

(c) City, State, and ZIP Code

Washington, DC 20003

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate

Date

JUNE 2016

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. 437g.

201606090200195529

# FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)

FEC FORM 2 (REV. 02/2003)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Missouri Senate 2016

(b) Address (number and street)

120 Maryland Ave. NE

(c) City, State, and ZIP Code

Washington, DC 20002

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Illinois Missouri Victory 2016

(b) Address (number and street)

PO Box 548

(c) City, State, and ZIP Code

Columbia, MO 65201

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Missouri Victory 2016

(b) Address (number and street)

208 Madison St.

(c) City, State, and ZIP Code

Jefferson City, MO 65101

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

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FEC FORM 2 (REV. 02/2003)

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Bring Back Sense to the Senate 2016

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State, and ZIP Code

Washington, DC 20002

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Wisconsin Missouri Victory Fund

(b) Address (number and street)

918 Pennsylvania Ave. SE

(c) City, State, and ZIP Code

Washington, DC 20003

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Battleground Victory 2016

(b) Address (number and street)

120 Maryland Avenue NE

(c) City, State, and ZIP Code

Washington, DC 20002

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

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# FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)

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Senate IMPACT 2016

(b) Address (number and street)

918 Pennsylvania Avenue SE

(c) City, State, and ZIP Code

Washington, DC 20003

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Senate IMPACT: NH and MO

(b) Address (number and street)

918 Pennsylvania Avenue SE

(c) City, State, and ZIP Code

Washington, DC 20003

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Silicon Valley Victory 2016

(b) Address (number and street)

120 Maryland Avenue NE

(c) City, State, and ZIP Code

Washington, DC 20002

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2016 Senate IMPACT

(b) Address (number and street)

918 Pennsylvania Ave SE

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**FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)**

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(c) City, State, and ZIP Code

Washington, DC 20003

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Democratic Senate Victory 2016

(b) Address (number and street)

120 Maryland Avenue NE

(c) City, State, and ZIP Code

Washington, DC 20002

201606090200195533

**Faxed  
or  
Hand Delivered**

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 6-9-16  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

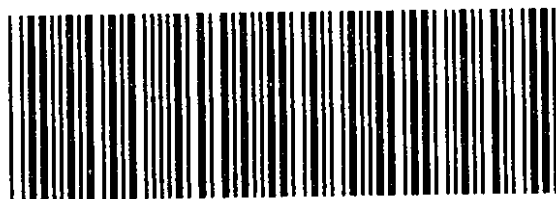
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

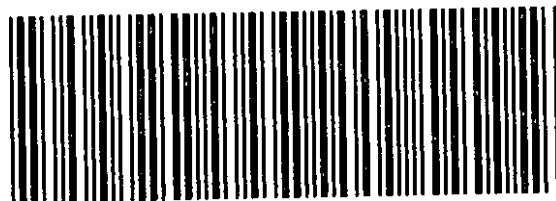
PREPARER DH DATE PREPARED 6-9-16

4/04/16

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SEN PATCH



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